

# DECLARATION AND POWER OF ATTORNEY

As the below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: DETECTION SYSTEM FOR DISK-BASED LABORATORY AND IMPROVED OPTICAL BIO-DISC INCLUDING SAME, the application for which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations. Sec. 1.56(a)

I hereby claim foreign priority benefits under Title 35, United States Code, Sec. 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed. Prior Foreign Applications: None.

I hereby declare the benefit under Title 35, United States Code, Sec. 119(e) of any United States provisional application listed below: None.

I hereby claim the benefit under Title 35, United States Code, Sec. 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Sec. 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Sec. 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application. Prior United States Applications: None.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false

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statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As named inventor, I hereby appoint Donald Bollella, Reg. No. 35,451, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith and with the resulting patent.


Address all correspondence to:

Donald Bollella, Esq.  
Chief Patent Counsel  
Burstein Technologies, Inc. "  
163 Technology Drive Suite 200  
Irvine, California 92618

Direct telephone calls to Donald Bollella at (949) 453-1800.

\*\*\*\*\*

Full name of Sole inventor: **Jorma Virtanen**

Signature: 

Date: December 15, 2000

Residence: 19211 Edgehill; Irvine, CA 92612

Citizenship: FINLAND

Post Office Address: Same as residence address

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## PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Jorma Antero Virtanen

Serial No.: To be assigned

Filed: Concurrently herewith

For: DETECTION SYSTEM FOR DISK-  
BASED LABORATORY AND  
IMPROVED OPTICAL BIO-DISC  
INCLUDING SAME§  
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Art Unit: Unknown

Examiner: Unknown

Attorney Docket No.  
BTI2 00103301(USP)USCommissioner of Patents  
Washington, D. C. 20231

Sir:

## ASSOCIATE POWER OF ATTORNEY

Please recognize Michael A. Diener, Registration No. 37,122, from the firm of HALE & DORR, 60 State Street, Boston, MA 02109, as associate attorney in the further prosecution of the above-identified application.

Please address all future correspondence to:

Michael A. Diener, Esq.  
**HALE & DORR**  
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Boston, MA 02109

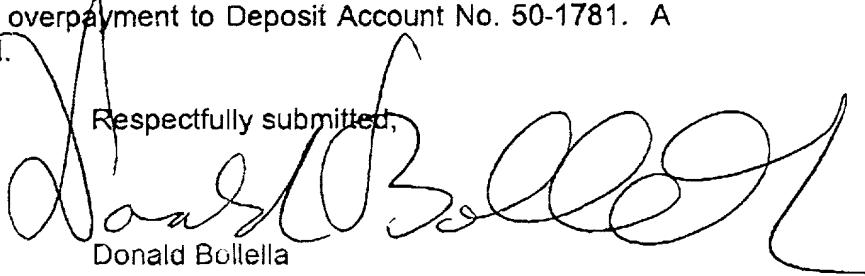
Direct all telephone calls to Michael A. Diener at (617) 526-6000.

The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 50-1781. A duplicate of this sheet is enclosed.

Respectfully submitted,

Date:

  
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Donald Bollella  
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